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Clinical leadership development in a pre-registration nursing curriculum: what the profession has to say about it

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Clinical leadership development in a pre-registration nursing curriculum: what the profession has to say about it

Abstract

Background In the last decade literature, inquiries and reports into the short comings in health services have highlighted the vital role of leadership in clinical practice and the impact on patient care and effective workplace culture. Whilst there is an abundance of literature on leadership and the registered nursing workforce, an international literature review revealed there is very little known on leadership development in pre-registration nursing programmes. **Objective** To identify what the profession's views are on proposed indicative curriculum content suggested for clinical leadership development in a pre-registration nursing degree in Australia. **Design** This is a multi-method research study. This paper presents the development and results of one aspect of the study, a national online survey. **Participants** Nurses: clinicians, managers and academics. **Methods** In the absence of a strong evidence base in the literature review, additional pre-requisite curriculum content was augmented from the work of two published frameworks of leadership and management. From this a 67-item survey was designed to ask the profession whether the aggregated content is a reasonable view of what should be included in a pre-registration programme to develop clinical leadership. The survey sought the views of nurses on whether the proposed content was relevant (yes/no) and their opinion on whether it is significant via a 5-point Likert scale. Descriptive and chi-square analyses were performed in SPSS v.19. **Results** A total of 418 nurses completed the survey; there was consensus amongst the profession on what is considered relevant and important in a pre-registration nursing programme. **Conclusions** The content identified could be considered indicative and pre-requisite to include in a pre-registration nursing programme. Members of the nursing profession in Australia have clear views about this. The next step is to design and evaluate a purposeful pedagogical approach and curriculum, leading to the development of clinical leadership knowledge, skills and behaviours in newly graduating nurses.

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Objective.

To identify what the profession's views are on proposed indicative curriculum content suggested for clinical leadership development in a pre-registration nursing degree in Australia.

Design.

A multi-method research study. This paper presents the development and results of one aspect of the study; a national on-line survey.

Participants.

Nurses: clinicians, managers and academics

Methods.

In the absence of a strong evidence base in the literature review, additional pre-requisite curriculum content was augmented from the work of two published frameworks of leadership and management. From this a 68 item survey was designed to ask the profession whether the aggregated content is a reasonable view of what should be included in a pre-registration programme to develop clinical leadership. The survey sought the views of nurses on whether the proposed content was relevant (yes/no) and their opinion on whether it is significant via a 5 point Likert scale. Descriptive and CHI–square analyses were performed in SPSS v.19

Results.

418 nurses completed the survey; there was consensus amongst the profession on what is considered relevant and important in a pre-registration nursing programme.

Conclusions.

The content identified could be considered indicative and pre-requisite to include in a pre-registration nursing programme. Members of the nursing profession in Australia have clear views about this. The next step is to design and evaluate a purposeful pedagogical approach and curriculum leading to the development of clinical leadership knowledge, skills and behaviours in newly graduating nurses.

Key words: Clinical leadership; Research; Curriculum content; Pre-registration; Survey; Australia

Introduction

In the last decade the literature, inquiries and reports into the short comings in health services have highlighted the role of leadership in clinical practice and the impact on patient care and effective workplace cultures. (Health Workforce Australia 2012, Mannix, Wilkes & Daly 2013). There is a plethora of literature on leadership, although it is focused almost entirely on the existing registered workforce. Alongside this, there has been a significant investment in leadership development opportunities and in many countries and national and jurisdiction frameworks have been proposed. (Health Workforce Australia 2013a, Health Education and Training Institute 2013, NHS Leadership Academy 2011, Canadian College of Health Leaders 2013). However, an international literature review revealed there is very little known on leadership development in preparation courses leading to eligibility to register as a nurse (Brown, Crookes & Dewing, in review). As a result a research study, as part of a doctoral degree, was designed using a multi-method approach to determine what indicative content and pedagogical approaches might contribute to the development of clinical leadership knowledge, skills and behaviours in newly graduating nurses. In this paper we present the results of the first national survey that sought the profession's views on the proposed indicative content in a pre-registration nursing in Australia.

Background/Literature

Derbyshire and McKenna (2013) pointedly ask 'Nursing's crisis of care: what part does nursing education own?' They cite reports in the United Kingdom (for example Francis 2013, UK Patients Association 2009) as the 'fire starters' that have focused on safety, quality and the effective delivery of health services. These together with reports from Garling (2008) in Australia and Keogh (2013) in the United Kingdom have made recommendations containing strong messages regarding clinical leadership, including clinical nursing leadership. It is acknowledged there is no universally agreed definition of clinical leadership and as a concept it is poorly defined (Mannix et al 2013 p10), however the rhetoric on the notion of clinical leadership as the panacea for overcoming the problems of the clinical world of nursing is significant (Jackson & Watson 2009 p. 1961). Nurse educationalists have responsibility for the preparation of new graduate Registered Nurses, therefore there is an opportunity to influence how nurses are prepared for clinical leadership and design a curriculum that has evidence based content and pedagogically sound learning experiences. An international literature review was undertaken to identify what was already known about clinical leadership development in pre-registration nursing programmes. Specifically, what is appropriate curriculum content and the recommended pedagogy contributing to the effective

development of clinical leadership in new graduate nurses. The review yielded twenty seven publications in total, with only four making specific reference to clinical leadership (Pullen 2002, Sherman and Bishop 2007, Pepin et al, 2011 & Lekan et al, 2011). All the twenty seven publications offered suggestions on the content recommended for a pre-registration nursing curriculum; however this was neither comprehensive nor conclusive. Eighteen of the publications made some contribution to the discussion on pedagogy, with references to integrated; capstone; stand-alone (theoretical and/or clinical experience) and extra-curricular curriculum approaches, however no one best practice model could be derived from the evidence. (For further details see Brown, Crookes & Dewing, in review). These findings identified a gap in the literature and an opportunity to find out more on this important issue, therefore a research study was designed. The aim of this study is to verify the clinical leadership content: knowledge, skills and behaviours that could be included in a pre-registration nursing programme and to identify an effective pedagogy using a multi-methods approach. This paper presents the development and results of an on-line survey in Australia seeking the views of the profession on suggested curriculum content. (The views of student nurses were included in the wider research study and are not included here).

This research, part of a doctoral programme, was given ethical approval by the University Human Research Ethics Committee, (HE09/393).

Methods:

Survey design

The content for a proposed curriculum on clinical leadership development in pre-registration nursing programmes was synthesised from a literature review which has been reported elsewhere. Data was used to inform the items to be included in the survey, however as this was neither comprehensive nor conclusive, other sources of evidence needed to be considered to inform the survey questions. In this research study the definition of clinical leadership by Millward and Bryan (2005) has been adopted and adapted in the context of the novice registered nurse:

> '…the reality of clinical leadership must involve a judicious blend of effective management [of self and others] in the conventional sense with skill in transformational … [leadership of self and others] in order to make a real difference to the care delivery process…'
>
> Millward & Bryan p.xiii (2005), (adaptation in square brackets)

In this definition the identification of leadership and management as key components of clinical leadership assisted in the choice of other evidence to inform the survey content. What might be considered relevant curriculum content was drawn from the work of Kouzes and Posner (2012), the five fundamentals of exemplary leadership and Yukl's (2012) three skill management taxonomy (p.191). Kouzes and Posner (2012) is an evidence based leadership framework based on over thirty years of research (p.33) and Yukl (2012) provides a 'widely accepted' (according to Martin 2011 p.271), taxonomy of management competencies including technical interpersonal and conceptual skills as opposed to managerial functions. This enabled the survey content: the suggested curriculum content considered useful in the development of clinical leadership in the novice registered nurse to be determined. Having identified the survey items, they were organised under three headings: knowledge, skills and behaviour, with the intention to ask the profession whether the aggregated content is a reasonable view of what should be included in a pre-registration programme to develop clinical leadership.

Pilot Study

In the construction of the survey the validity of the instrument was tested and refined through an expert reference group who were invited to participate in a pilot study and a focus group. The pilot study involved a convenience sample of clinicians, managers and academics from New South Wales (N=8), recruited through personal invitation, the participants were asked to comment on the survey content and design. Feedback on presentation, language and user friendliness was incorporated into the next iteration. The use of an expert reference group in the context of validation of an instrument is advocated by Vogt et al (2004). They see this as consultation with the target population for both content validity (p.232) and also in item development (p.233). The pilot group were invited to become part of the expert reference focus group as they reflected the target audience: clinicians, managers and academics. In the focus group, a modified nominal group activity was used to elicit the participant's views on the sixty nine items of content. The participants were invited to categorise the content under the headings; knowledge; skills; behaviours; suggest any content that might be absent or irrelevant and provide feedback and to comment on the clarity of the statements and make suggestions for modified language. The results were verified and double counted by a second facilitator. Initially there were nineteen items of knowledge; twenty two skills and twenty seven behaviour statements. Following this activity there were still nineteen items of knowledge but twenty three skills and twenty six behaviour items, there were nine item location changes, two deletions 'working in an organisation' and 'having positive regard' and one addition 'being respectful' as an extension of cultural

competence. Four statements were modified in light of the participants' feedback resulting in a final total of sixty eight items for inclusion in the main survey.

Main Survey

A cross sectional survey (Walters 2014) was constructed; it was designed to ask seven demographic questions (Table 1).

Insert Table 1: Demographic Questions

The views of the profession on the relevance and their opinions on the importance of the sixty eight items aggregated under the headings knowledge; skills and behaviours, that is, the suggested curriculum content required in the pre-registration nursing curriculum. Respondents were invited to comment on the relevance and importance of the aggregated content. (See example Figure 1) Relevance required the selection of a yes/no answer from a drop down menu, whilst the importance question used a 5 point Likert scale very important (1) to unimportant (5) again selected from a drop down menu. There was also an opportunity to identify other content or make comment. Advice on the survey construction was also provided by the university's statistical consultation services. Undoubtedly this pilot work in collaboration with members of the profession resulted in a much more fit for purpose survey.

Insert Figure. 1. Example of survey page – knowledge

For the main survey a purposive sampling technique was used (Walters 2014) the survey was distributed on line using a well-known survey software package through personal correspondence with senior nurses (in health services and in academia) in Australia. It was available on line for 8 weeks and no reminders were sent.

Results

After the consultation period closed the data reported that 585 respondents had started the survey and completed the demographic questions. 483 then went on to complete the knowledge section and ultimately 416 completed all sections of the survey. It can only be assumed that there was an element of respondent fatigue (Lavrakas 2008) as the number of respondents dropped between the questions on knowledge to the questions on behaviours by 67; in total 483 completed questions on knowledge; 438 completed questions on skills and 416 completed questions on all three areas.

Demographic data

At the end of the section seeking demographic information the data indicated that from 71 male (12%) and 514 female respondents had started the survey, this reflected the national population (Nursing and Midwifery Board Australia 2014). By the end of the survey 49 (11%) male and 445 female respondents had attempted all three sections; knowledge, skills and behaviours. Only 22 enrolled nurses started the survey and 15 completed all sections, all the other respondents were registered nurses. In Australia the majority of nurses in the workforce are registered nurses only 18% are enrolled nurses. (Nursing and Midwifery Board Australia 2014). In this survey only 3% respondents identified themselves as enrolled nurses.

There are six states and two territories in Australia, in the geographical distribution of the respondents were from four of the states and two of the territories. However, the majority of the responses were from one state, of the 416 who completed the survey in total, 410 were from New South Wales. That the majority of responses where from one state needs to be acknowledged as this is not a jurisdictional representative sample. However, there is no evidence that the New South Wales nursing profession differs from the national population of registered and enrolled nurses.

Respondents were asked to choose from a list of nursing positions commonly used in Australia, these were clustered into 4 groups (following the advice of the statisticians): Clinician Registered Nurse 347 (including Enrolled Nurses, Registered Nurse, Clinical Nurse Specialist; Clinical Nurse Educator, Clinical Nurse Consultant, Nurse Practitioner); Managers 163 (including Nurse Unit Manager) and Academics 44.

Respondents were asked to identify how long they had been a nurse, this ranged from 1 to 47 years, the majority of respondents between 21 and 35 years as a nurse, this also reflects the national demographic of the age of the nursing workforce in Australia (Nursing and Midwifery Board Australia 2014).

The final question in the demographic section of the survey asked respondents about their academic qualifications. The majority of respondents (83%) had a Bachelor's degree or higher and more than half of the respondents (63%) identified they had a qualification in management and/or leadership.

The findings from the survey will now be presented and discussed.

Is the proposed content relevant and important?

The survey asked respondents answer questions on the knowledge, skills or behaviours that could be the proposed clinical leadership curriculum content within a pre-registration nursing programme. They were asked whether they considered the content relevant and to what degree they thought it was important to be included. The results of questions on relevance (yes/no) provided categorical data that was ranked and a percentage calculated. Further consultation with the university's statistical consultation services following this ranking identified that the use non-parametric analysis tools would be appropriate to use with this data, this data fits the criteria for the use of Chi-square and to determine the goodness of fit, that the results reflect the entire population and did not occur by chance alone (Lavrakas 2008).

Using a five point Likert scale the respondents were asked did they consider the content: very important; important; moderately important; of little importance; unimportant (1-5). This ordinal data was analysed for the measure of central tendency that is the most frequently occurring value and expressed as the mode.

The results of the analysis of the data of the respondents views on the relevance and importance of the suggested curriculum content was very compelling. There was a high level of consensus on what was deemed relevant suggested content in all sections: knowledge: 74.74% or over, skills 75.62% or over and behaviours 82.25% or over. The respondents were also very consistent on their views on what proposed content they considered important. The importance question used a 5 point Likert scale very important (1); important (2); moderately important (3); of little importance (4); unimportant (5), the results demonstrate mode values of 1, 2 and 3 only, demonstrating a positively skewed distribution.

These results are presented alongside each other in the tables 2, 4 and 5.

Knowledge

Insert Table 2. Knowledge: Respondents views on relevance and importance of the proposed content

There was a high level of consensus on what was deemed relevant, in the context of knowledge as proposed content. The shaded cells in the table identify the content where there may be some variance in the opinions on degree of importance, indicated by the mode values.

Knowledge related to political awareness was ranked as the lowest relevant item, in that 25.26% of the respondents thought this was not relevant. Conversely of course, almost 75% of the respondents rated it as 'relevant'. Further analysis of the data was undertaken using Chi–square test, in SPSS v.19 on all items. All the demographic groupings; gender; registration; position; years as a nurse and qualifications were analysed. Figure 2 shows one example, responses from clinicians, managers and academics on the question of whether political awareness as content was relevant. The value of the Pearson Chi-Square 27.805, 3 Degrees of Freedom and Asymptotic significance .001 indicate the results are statistically significant. From this analyses it can be deduced that these results did not happen by chance and that there is consensus amongst the respondents on what is relevant and where there are people who do not think it is relevant there is no one significant group that disagree.

Insert Figure 2. Differences in frequencies within the data by positions and relevance of political awareness as curriculum content.

Political awareness also appeared to have more variance in the responses regarding the degree of importance; figure 3 shows the degree of importance assigned by percentage of respondents on this item. From this analysis of responses there is a spread of opinions on the degree of importance of this item of content and 34% of respondents consider it of little importance or unimportant.

Insert Figure 3. Political Awareness- responses as percentages of the degree of importance

In table 2, there are 2 items of suggested knowledge curriculum content that are considered relevant, however some differences in the degree of importance in the opinions of the respondents. Over 97% of respondents identified cultural diversity and quality assurance as relevant; the degree of importance however appeared more variable. Table 3 shows the degree of importance assigned by percentage and number of respondents for cultural diversity and quality assurance. From this table of responses there is a spread of opinions on the degree of importance of these items of content not that they are of little importance or unimportant.

Insert Table 3. Degree of Importance by percentage and number of respondents

Skills

In table 4 more congruence between the percentages of responses on the relevance of skills in the proposed curriculum content and the spread of opinions on the degree of importance is evident. Analysis of all the data was undertaken using CHI–square, analysis were performed in SPSS v.19 on all items and against all the demographic groupings; gender; registration; position; years as a nurse and qualifications. The Pearson Chi-Square test indicated all the results on relevance on this proposed content demonstrated statistical significance and there is a spread of opinions on the degree of importance of this item of content but the tendency in all items is to very important to moderately important rather than of little importance or unimportant.

Insert Table 4. Skills: Respondents views on relevance and importance of the proposed content

Behaviours

In table 5 there was over 80% agreement on what the respondents considered relevant content relating to behaviours with the proposed curriculum content.

Insert Table 5. Behaviours: Respondents views on relevance and importance of the proposed content

There are 4 items of suggested behaviours curriculum content that are considered relevant by the respondents there are however some differences in the degree of importance in the opinions of the respondents. Whilst there is 88.24% agreement on relevance of 'displays leadership', it is this item of content that appears to have more differences in the degree of importance. From the analysis of responses there is a spread of opinions on the degree of importance of this item of content not that it is considered of little importance or unimportant as can be seen in figure 4.

Insert Figure 4. Displays leadership - responses as percentages of the degree of importance

In summary, from the statistical analyses of this non-parametric data of all the demographic groupings it can be deduced that these results did not happen by chance alone and that there is consensus amongst and across the respondents on what is relevant. Whilst the degree of importance is emphatic for some items and variable for others there are no items that the respondents think are not important at all. Such a degree of consensus in these results across the different demographic groups in the profession is remarkable and is discussed later on the paper.

Qualitative data

The survey also invited respondents to make suggestions for any content they perceived missing from the items listed under knowledge, skills and behaviours. In total there were 350 responses: knowledge 203; skills 89 and behaviours 58. Overall there were no items suggested that were not already included in another section for example 'showing value of self and others' under the behaviours heading but suggested as content earlier in the knowledge section and some content identified or expressed as a similar item for example 'team (dynamics, work, working).

Other examples of responses identified content that was already included in a following section:

> *'empathy and communication' or statements opinions or clarifications 'THEY HAVE TO BE COMPETENT*' (respondent 345)

> *'the ability to communicate on all levels can have a big impact on not only safety of our patients but can also have a tremendous impact on complaints'* (respondent 494)

Some respondents identified support for the content proposed as follows:

> '*All of these are very relevant to being a professional nurse and they are important to very important but sadly they are skills that all nursing staff lack not only RN graduates but also EEN graduates and they can be unwilling to learn or gain these.'* (respondent 97)

> *'All of these attributes contribute to the quality of our nurses but fundamentally it comes down to the very essence of nursing because we care for our patients, their families and our colleagues. Simple courtesy goes a long way in dealing with the public and our appropriateness in our actions and appearance are constantly being scrutinised we need to ensure that our standards in regards to this are exemplary.'* (respondent 97)

The final question in the survey asked respondents if they would be willing to be contacted for follow up and whether they would like to receive feedback on the findings. 216 respondents were happy to be contacted further and 214 would be interested in feedback. A one page summary will be sent out to those who indicated they would like feedback.

Discussion

The results of the quantitative data of the respondents' views on both the relevance and importance of the suggested curriculum content was compelling. It would appear this topic is considered an important issue and the profession demonstrated their support for the proposed curriculum clinical leadership content, with consistency across the different demographic groups.

The qualitative data also validated the suggested content with unsolicited support for the concept of leadership and/or management development in pre-registration programmes as follows:

> *'It is important for a graduate nurse to understand their role in leadership and management. They need context to their role expectations and the need to be assertive and to listen and learn from others with greater experience.* (respondent 273)

> *'Leadership is not exclusive to people in positions of power or authority. Leadership is essential to all members of the team, irrespective of position in the team, or experience.'* (respondent 177)

This implies the proposed curriculum content under consideration is validated by the profession who participated in the survey.

Of all the findings, one of the more intriguing responses is to the statement: 'displays leadership'. In this study this was presented as a behaviour 'displays leadership' whilst this was considered relevant (88%) and more important than not (69%), it was identified as the least relevant and important of all the behaviours content. Further analysis of the comments from respondents provide no further insights into these views. It is not possible from these results to make further inferences but as already identified this is an area with lack of clarity by the profession on what constitutes clinical leadership and there is no universally agreed definition (Mannix et al, 2013 p10). Thus it could be an area for future research. The dearth of evidence in the international literature review (Brown, Crookes & Dewing, in review) would also suggest this is not an area that is prominent on the current agendas of many nurse educationalists. The number of respondents who completed this survey would appear to consider this topic an important issue and demonstrated their support for the proposed curriculum clinical leadership content. It is hoped this study will contributed to the discussion

and debate on what is clinical leadership and how will we know it when we see it. The respondents readily identified with the proposed content and this could indicate there is an understanding of the antecedents of clinical leadership that needs to be explored further amongst the profession.

Limitations of the study.

Whilst the response rate for this survey was good overall, the issue of survey fatigue should have been considered and this might have influenced the participant information section. Also, in relation to the survey design, perhaps just one section for comments and suggestions at the end of the survey might have minimised the amount of content suggested that appeared in the following sections and could have been a contributing factor in the dropout rate. No reminder was sent out, in hindsight this may have encouraged a better the response rate from other states and territories.

Conclusion.

Given the importance of clinical leadership in health care, it is incumbent upon nurse academics with a responsibility for the preparation of the new graduate nurse to influence the development of clinical leadership in the pre-registration curriculum. This survey has identified curriculum content, validated by professional nurses that could be include in a pre-registration nursing programme. The survey could be utilised as an audit tool and an audit of any nursing curriculum might find significant amounts of this content, if not all, already located in the different learning modules. The next question is how to organise this content into a purposeful pedagogical approach leading to the development of clinical leadership knowledge, skills and behaviours in newly graduating nurses, that includes not only content, but specifies the location in the curriculum and design of learning activities and events that emphasise the concept of clinical leadership and how it might be assessed theoretically and in practice.

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Table(s)

Are you male or female?
Are you an enrolled nurse or registered nurse?
What state do you currently work in?
What is your classification of position?
How long have you been a nurse?
What is your highest qualification?
Do you have any formal qualifications in management and/or leadership?

Table 1: Demographic Questions

Knowledge	Relevance Rank	% of Respondents Agreed relevant	Importance Mode Value
The role of the registered nurse	1	100	1
Safety	2	99.79	1
Occupational health and safety	3	99.58	1
Care planning	4	99.37	1
Knowledge of ethics	5	98.95	1
Understanding of the work context	6	98.94	1
Risk management	7	98.32	1
Cultural diversity	8	97.92	2
Group dynamics	9	97.71	1
Quality assurance	10	97.71	2
Information management and technology	11	97.51	2
Identification and appreciation of research and evidence	12	97.08	2
Fitness for role as a beginning RN	13	97.92	1
Organisations and organisational behaviour	14	90.18	3
Management	15	85.47	3
Learning theories	16	82.29	3
Reward and recognition systems	17	82.29	3
Power and control	18	75.10	3
Political awareness	19	74.74	3

Table 2. Knowledge: Respondents views on relevance and importance of the proposed content

	Very Important	Important	Moderately Important	Of Little Importance	Unimportant	Total number of respondents
Cultural diversity	31.73%	39.04%	25.47%	3.55%	0.21%	
No of respondents	152	187	122	17	1	479
Quality assurance	31.22%	36.29%	28.48%	3.80%	0.21%	
No of respondents	148	172	135	18	1	474

Table 3. Degree of Importance by percentage and number of respondents

Skills	Relevance Rank	% of Respondents Agreed relevant	Importance Mode Value
Written communication	1	100	1
Verbal communication	2	100	1
Ability to deal with change	3	99.32	1
Computer literacy	4	98.86	1
Ability to establish therapeutic relationships	5	98.87	1
Conflict identification and resolution	6	98.41	1
Identifying consequences (making judgments)	7	98.41	1
Non-verbal communication	8	97.74	1
Reflection	9	97.51	2
Giving and receiving constructive feedback	10	97.29	2
Ability to delegate to others	11	95.92	2
Recognising, developing and presenting coherent arguments	12	93.67	2
Team building	13	90.49	3
Motivating people	14	89.16	3
Teaching	16	88.23	3
Ability to supervise others	17	86.26	3
Ability to monitor progress of others	20	79.77	3
Ability to compare and contrast data and evidence	15	88.53	3
Mentoring	18	82.12	3
Ability to give a presentation	19	81.98	3
Being persuasive	21	79.27	3
Coaching	22	75.62	3

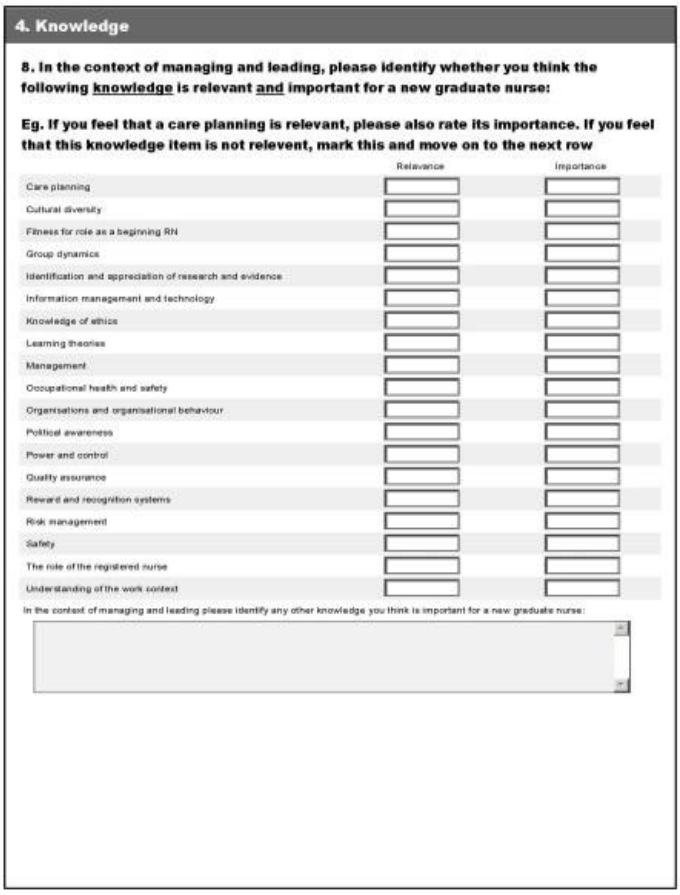
Table 4 Skills: Respondents views on relevance and importance of the proposed content

Behaviours	Relevance Rank	% of Respondents Agreed relevant	Importance Mode Value
Acting responsibly	1	100	1
Being accountable	2	100	1
Not bullying	3	100	1
Being appropriately assertive	4	99.76	1
Being honest	5	99.76	1
Being non discriminatory	6	99.76	1
Not harassing	7	99.76	1
Being an advocate	8	99.52	1
Being prepared to ask for help	9	99.52	1
Being respectful	10	99.52	1
Being worthy of trust	11	99.28	1
Being non judgmental	12	99.04	1
Demonstrating empathy	13	99.04	1

Showing compassion	14	99.03	1
Ability to follow (a leader)	15	98.80	1
Showing value of self and others	16	98.78	1
Demonstrating commitment	17	98.56	1
Being confident	18	98.32	2
Involving consumers of health care in decision making	19	98.08	1
Having a conscience	20	97.34	1
Acting autonomously	21	94.72	2
Person centeredness	22	92.70	1
Ability to influence others	23	89.42	2
Displays leadership	24	88.24	3
Demonstrates personal values and beliefs	25	82.69	1
Being courageous	26	82.25	2

Table 5 Behaviours: Respondents views on relevance and importance of the proposed content

Figure(s)



4. Knowledge

8. In the context of managing and leading, please identify whether you think the following knowledge is relevant and important for a new graduate nurse:

Eg. If you feel that a care planning is relevant, please also rate its importance. If you feel that this knowledge item is not relevent, mark this and move on to the next row

	Relavance	Importance
Care planning		
Cultural diversity		
Fitness for role as a beginning RN		
Group dynamics		
Identification and appreciation of research and evidence		
Information management and technology		
Knowledge of ethics		
Learning theories		
Management		
Occupational health and safety		
Organisations and organisational behaviour		
Political awareness		
Power and control		
Quality assurance		
Reward and recognition systems		
Risk management		
Safety		
The role of the registered nurse		
Understanding of the work context		

In the context of managing and leading please identify any other knowledge you think is important for a new graduate nurse:

Figure. 1. Example of survey page – knowledge.

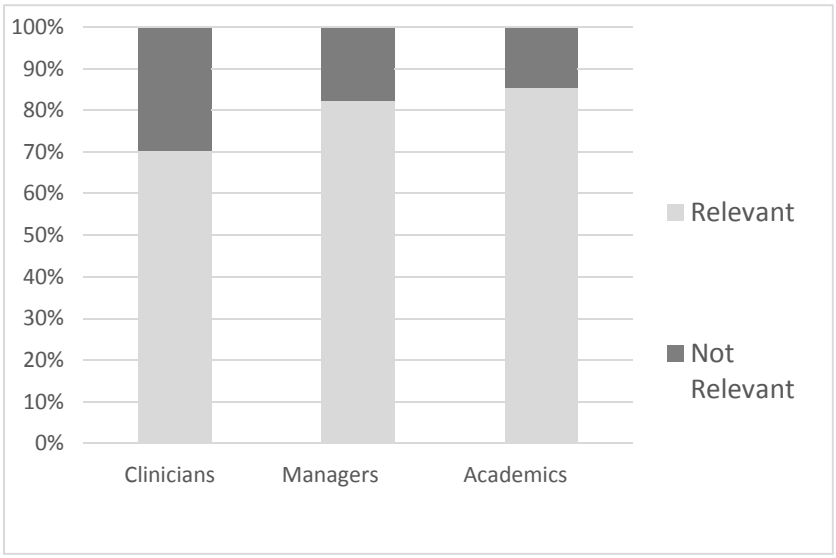


Figure 2. Differences in frequencies within the data by positions and relevance of political awareness as curriculum content.

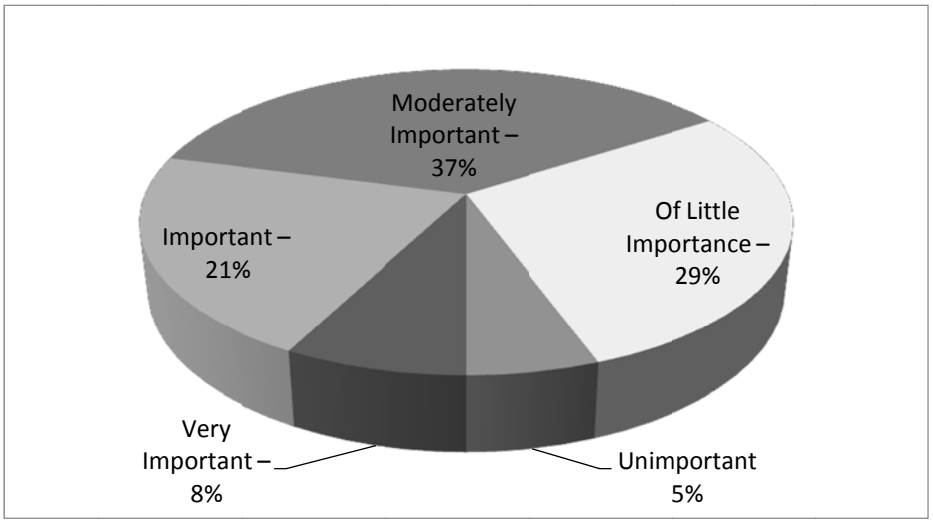


Figure 3. Political Awareness- responses as percentages of the degree of importance

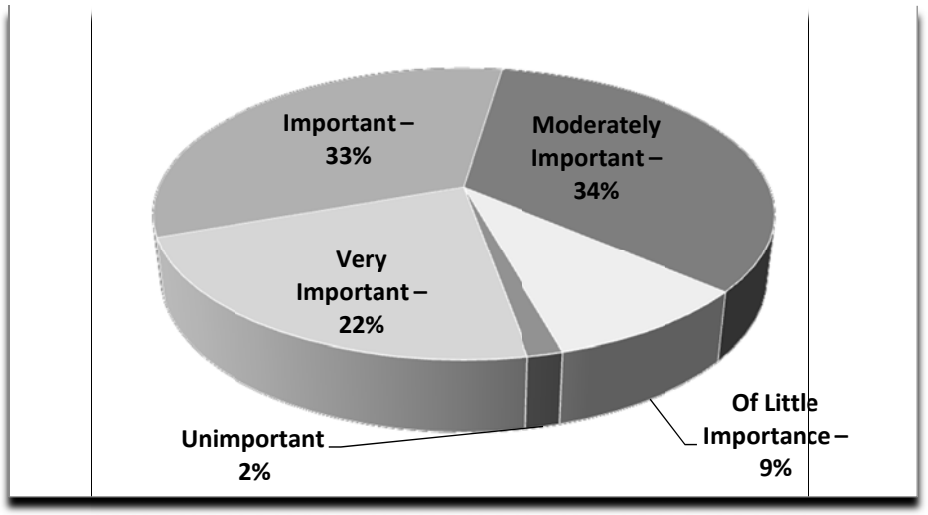


Figure 4. Displays leadership - responses as percentages of the degree of importance

***Research Highlights**

- We sought the nursing profession's views in Australia on proposed indicative curriculum content for clinical leadership development in a pre-registration nursing degree.
- Designed the first national study that sought the profession's views on the proposed indicative content in a pre-registration nursing in Australia
- The relevance and importance of the proposed content was validated by the respondents.
- Evidence to support the pedagogical approach and curriculum leading to the development of clinical leadership knowledge, skills and behaviours in newly graduating nurses.